

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Oscar Rochefort et al. :
Serial No.: 10/501,261 : Art Unit: 3754
Filed: March 7, 2005 : Examiner: Nicolas, Frederick C.
For: CORRUGATED HANGING :
DISPENSER :
:

Mail Stop: RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

TRANSMITTAL

1. Transmitted herewith is:
Extension of Time Transmittal (3 pages)

STATUS

2. Applicant claims small entity status.
 is other than a small entity.

EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply.

(complete (a) or (b), as applicable)

- (a) Applicant petitions for an extension of time under 37 C.F.R. 1.136
(Fees: 37 C.F.R. 1.17(a)-(d) for the total number of months checked below:)

Extension for response within:	Other than small entity Fee	Small entity Fee (if applicable)
<input checked="" type="checkbox"/> first month	\$ 120.00	\$ 60.00
<input type="checkbox"/> second month	\$ 460.00	\$ 230.00
<input type="checkbox"/> third month	\$ 1,050.00	\$ 525.00
<input type="checkbox"/> fourth month	\$ 1,640.00	\$ 820.00
<input type="checkbox"/> fifth month	\$ 2,230.00	\$1,115.00

Fee: \$120.00

If an additional extension of time is required, please consider this a petition therefor.

(Check and complete the next item, if applicable)

An extension of _____ months has already been secured. The fee paid therefor \$_____ is deducted from the total fee due for the total months of extension now requested.

Extension fee due with this request \$120.00

OR

- (b) Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

	(Col. 1)		(Col. 2)	(Col. 3)	SMALL ENTITY		OTHER THAN SMALL ENTITY	
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	ADDITIONAL RATE FEE	OR	ADDITIONAL RATE FEE	
TOTAL INDEP.	MINUS		=	x \$25.00 = \$			x \$50.00 = \$	
	MINUS		=	x \$105.00 = \$			x \$210.00 = \$	
<u>— FIRST PRESENTATION OF MULTIPLE DEP. CLAIM</u>						+ \$185.00 = \$	+ \$370.00 = \$	
						TOTAL ADDITIONAL FEE \$	OR	TOTAL ADDITIONAL FEE \$

(a) No additional fee for Claims is required**OR**(b) Total additional fee for claims required \$ _____**FEE PAYMENT**

5. Attached is a check in the sum of \$_____

 Charge Deposit Account No. 01-2384 the sum of \$120.00.
A duplicate of this transmittal is attached.**FEE DEFICIENCY**6. If any additional extension and/or fee is required, charge Deposit Account No. 01-2384.**AND/OR** If any additional fee for claims is required, charge Deposit Account No. 01-2384.7. Other:

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